



OREGON DEPARTMENT OF TRANSPORTATION  
**2006 PRIME CONTRACTOR**  
**PREQUALIFICATION APPLICATION**  
 Effective March 1, 2006 through February 28, 2007

**Submit application and make check payable to :**

**Oregon Department of Transportation**

ODOT Procurement Office - Construction

455 Airport Road SE, Bldg K, Salem OR 97301-5348

Phone (503) 986-6918

Web Site: [www.oregon.gov/ODOT/CS/OPO/construction/frontpage.shtml](http://www.oregon.gov/ODOT/CS/OPO/construction/frontpage.shtml)

**Filing Fee \$100**

FSB Date

Initials

**A. Date** \_\_\_\_\_ **Valid Through:** \_\_\_\_\_ **02/28/2007**

**B. Application of** \_\_\_\_\_  
 Legal Business Name (Complete Section 9)

Assumed Business Name(s) (Complete Section 6)

**List previous business names of your organization** \_\_\_\_\_

**C. Business Structure (Check one):**  
 (Required)

- ☐ Individual Sole Proprietorship  
☐ General Partnership  
☐ Corporation  
☐ S-Corporation  
☐ Limited Partnership (LP)  
☐ Limited Liability Company (LLC)  
☐ Limited Liability Partnership (LLP)

**F. Purpose of Application (Check all that apply): (Required)**

- ☐ **ODOT Projects**  
 1st anticipated bid opening date \_\_\_\_\_
- ☐ **Local Government Projects**  
 1st anticipated bid opening date \_\_\_\_\_
- ☐ **Other Government Projects**  
 1st anticipated bid opening date \_\_\_\_\_

**D. ☐ Joint Venture**

**E. Address: (Required)**

Physical address, city, state, zip (for courier use) \_\_\_\_\_

Mailing address, city, state, zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Contact person \_\_\_\_\_

(Company e-mail where important notices should be sent)

RECEIPT DATE #1

RECEIPT DATE #2

RECEIPT DATE #3

RECEIPT DATE #4

**FOR OFFICE USE ONLY**

REVIEW DATE / INIT \_\_\_\_\_ RET #1 DATE \_\_\_\_\_ / INIT \_\_\_\_\_ DESC: \_\_\_\_\_  
 APPROVAL DATE (LAST RECEIPT) \_\_\_\_\_ RET #2 DATE \_\_\_\_\_ / INIT \_\_\_\_\_ DESC: \_\_\_\_\_  
 ELIGIBILITY DATE \_\_\_\_\_ CHECK SENT TO FSB: DATE \_\_\_\_\_ INIT \_\_\_\_\_  
 VENDOR NO. \_\_\_\_\_  
 DATA ENTRY DATE / INIT \_\_\_\_\_

### **Introductory Statement:**

In accordance with the statutes of the State of Oregon, every public contracting agency contemplating receiving bids for and awarding any contract for a public improvement may require any prospective bidder (**herein referred to as applicant**) to submit a full and complete statement concerning their equipment and experience in constructing public improvements. The Oregon Department of Transportation (ODOT) requires prequalification under OAR 734, Division 10, and is the public contracting agency in this instance utilizing this prequalification application and prequalification process. Further references to "public contracting agency" throughout this application are intended to be references to ODOT.

The application and questionnaire forms which are bound herewith comply with the requirements of public contracting rules and must be used in determining the qualifications of applicants and in assigning limits as to the size and kinds of projects for which the applicant may submit bids.

The applicant should use care and integrity in preparing this information. The public contracting agency may make independent inquiries concerning the contractor's past performance and capabilities.

### **Manner of Preparing and Filling in Forms:**

This application shall include equipment and experience information for only the specific single business organization or entity which is applying for prequalification and which would be the signatory on a contract with the public contracting agency.

All answers and other entries on the forms, except signatures, should be filled in on a typewriter or printed. To make this possible, the forms may be taken apart by removing the staples by which they are bound. It is the responsibility of the applicant to return all pages whether applicable or not. Failure to do so may be grounds for rejection.

All answers and entries must be specific and complete in detail.

The prequalification application must be signed by the applicant and sworn to as the form indicates. The signatory of the statement guarantees the truth and accuracy of all statements and of all answers to questions.

**The original signed application must be sent to the Public Contracting Agency. Photocopy or fax signatures will not be accepted.**

**OAR 734-010-0240 (2)** Prequalification applications must be received at ODOT's address shown in the prequalification application at least 10 calendar days before the bid opening in which the applicant wishes to participate. **OAR 734-010-0240 (4)** The date on which all required information has been received by ODOT Procurement Office - Construction will be considered the receipt date of the prequalification application.

### **Use of Attachments:**

Schedules, reports and other forms of prequalification statement may be used as attachments to the prescribed form, provided that the information contained therein specifically includes the information required by this form.

### **Place of Submission:**

Prequalification applications shall be submitted to the designated office of the public contracting agency.

### **Time of Submission:**

Each Public Contracting Agency may have specific time requirements for filing applications. The applicant should check with the designated office of the applicable agency for submission time.

### **Appeal Due to Denial or Revocation of Prequalification:**

In case the applicant's application for prequalification is denied or in case an existing prequalification is revoked, the applicant may appeal the denial or revocation in accordance with the rules adopted by the Department of Administrative Services or the appropriate local contract review board.

**Notification of Action Taken:**

The applicant will be notified, in writing, of the action on their application. Applicant will then be allowed to bid on such projects as are within the limits of size and kind of work for which applicant has been declared qualified.

**Period During Which a Qualified Applicant Remains Qualified:**

An applicant who has been notified of prequalification for projects of a given size and kind will usually remain qualified until the date specified in the notification. The public contracting agency may limit prequalification approval to individual public improvement projects. Unless such applicant is otherwise notified by the public body the applicant will be permitted to submit bids for any and all projects of said kind and size for which bids are to be received. The public body may from time to time require new or revised prequalification applications and have them approved prior to allowing a bid.

**Requirement of Continuing Prequalification:**

Applicants who have once been qualified with an agency requiring prequalification and who desire to maintain an uninterrupted prequalification standing are required to submit a new application periodically as required by such agency. Uninterrupted prequalification is contingent upon favorable action on the application. A prequalification may be revoked under the provision of ORS 279C.430.

**Changes:**

Requests for revision of the prequalification standing of any applicant will be considered whenever the applicant can make a showing of materially improved ability, but not more often than once in three months. Major changes must be submitted with a new prequalification application. Minor changes may be submitted by addendum to the public contracting agency. Minor changes include, but are not limited to, company name, adding or deleting classes of work. Contact the Public Contracting Agency for specific procedures when there are changes to the information submitted in the application.

***With or without a request from a prequalified applicant, the prequalification limitation on class of work or size of project MAY be reviewed and increased or decreased as found appropriate. The prequalified applicant will be notified in writing of any such revision.***

**Joint Venture:**

A public contracting agency may adopt special requirements concerning joint ventures. Before submitting a joint venture application, an applicant should ascertain if special instructions are applicable and obtain them from the designated public officer.

**Jurisdiction:**

ORS 279C.430 (2) states: When a contracting agency permits or requires prequalification of bidders, a person who wishes to prequalify shall submit a prequalification application to the contracting agency on a standard form prescribed under subsection (1) of this section. Within 30 days after receipt of a prequalification application, the contracting agency shall investigate the applicant as necessary to determine if the applicant is qualified. The determination shall be made in less than 30 days, if practicable, if the applicant requests an early decision to allow the applicant as much time as possible to prepare a bid on a contract that has been advertised. In making its determination, the contracting agency shall consider only the applicable standards of responsibility listed in ORS 279C.375 (2)(b). The agency shall promptly notify the applicant whether or not the applicant is qualified.

**Nonresident Bidders:**

ORS 279A.120 (3) states: When a public contract is awarded to a nonresident bidder and the contract price exceeds \$10,000, the bidder shall promptly report to the Department of Revenue on forms to be provided by the department the total contract price, terms of payment, length of contract and such other information as the department may require before the bidder may receive final payment on the public contract. The contracting agency shall satisfy itself that the requirement of this subsection has been complied with before the contracting agency issues a final payment on a public contract.

The form referred to is the Application for Final Payment Release. It is available for download from the Department of Revenue web site at: <http://www.oregon.gov/DOR/BUS/docs/102-050.pdf>

**NOTICE: APPLICANT MUST ANSWER ALL SECTIONS AND QUESTIONS IN THIS APPLICATION. FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING RETURNED TO THE APPLICANT FOR COMPLETION.**

**BUSINESS STRUCTURE: (Required) Complete section 1, 2, 3, 4, or 5 as applies**

<b>1</b> If an Oregon corporation, answer these sections:	<input type="checkbox"/> NA
When Incorporated _____	
President _____	Secretary _____
1st Vice President _____	Treasurer _____
<b>If the Contractor is a corporation, the <b>President</b> and the <b>Secretary</b> of that corporation shall sign the Contract, Performance Bond, and Payment Bond.</b> However, if other corporate officers are authorized to execute contracts and bonds, furnish a certified, true and correct copy of corporate bylaws or minutes stating that authority. If only one officer is signing, then the bylaws or minutes must include the authority to sign without the signature of others. The successful Bidder shall also include the title(s) or corporate office(s) held by the signer(s).	
<b>Printed names, titles and signatures of personnel authorized to EXECUTE CONTRACTS:</b>	
Printed name of President _____	Signature _____
Printed name of Secretary _____	Signature _____
Printed name of 1 <sup>st</sup> Vice President _____	Signature _____
Printed name of Treasurer _____	Signature _____

**Corporate Bylaws or Minutes Submitted: (Check one)**   ☐ Yes   ☐ No

<b>Printed names, titles and <u>signatures</u> of personnel authorized to EXECUTE BIDS:</b>	
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____

(Additional documentation may be required by the public contracting agency)

**2****If a general partnership, answer these sections:**☐ **NA**

Date of Organization \_\_\_\_\_

If a foreign (out of state) co-partnership or persons engaging in business in the state under an assumed name, but not domiciled within this state, is the partnership or business organization registered as required in compliance with Chapter 648, Oregon Revised Statutes? ☐ Yes ☐ No

Names and addresses of partners:

If the Contractor is a partnership or limited liability partnership, an authorized representative of **each** Entity comprising it shall sign the Contract, Performance Bond, and Payment Bond, and an authorization to sign shall If only one partner is signing, then bylaws or minutes must include the authority without the signature of others.

Printed names, titles and signatures of partners authorized to **EXECUTE CONTRACTS**:

Printed name of partner \_\_\_\_\_

Signature \_\_\_\_\_

Printed name of partner \_\_\_\_\_

Signature \_\_\_\_\_

**Bylaws or Minutes Submitted: (Check one)** ☐ Yes ☐ NoPrinted names, titles and signatures of personnel authorized to **EXECUTE BIDS**:

Printed name and title \_\_\_\_\_

Signature \_\_\_\_\_

Printed name and title \_\_\_\_\_

Signature \_\_\_\_\_

Printed name and title \_\_\_\_\_

Signature \_\_\_\_\_

Printed name and title \_\_\_\_\_

Signature \_\_\_\_\_

(Additional documentation may be required by the public contracting agency)

**3 If a foreign (out of state) corporation, answer these sections:**☐ NA

When Incorporated \_\_\_\_\_

President \_\_\_\_\_ Secretary \_\_\_\_\_

1st Vice President \_\_\_\_\_ Treasurer \_\_\_\_\_

If the Contractor is a corporation, the **President** and the **Secretary** of that corporation shall sign the Contract, Performance Bond, and Payment Bond. However, if other corporate officers are authorized to execute contracts and bonds, furnish a certified, true and correct copy of corporate bylaws or minutes stating that authority. If only one officer is signing, then the bylaws or minutes must include the authority to sign without the signature of others. The successful Bidder shall also include the title(s) or corporate office(s) held by the signer(s).

**Printed names, titles and signatures of personnel authorized to EXECUTE CONTRACTS:**

Printed name of President	Signature
Printed name of Secretary	Signature
Printed name of Vice President	Signature
Printed name of Treasurer	Signature

**Corporate Bylaws or Minutes Submitted: (Check one)** ☐ Yes ☐ No**Printed names, titles and signatures of personnel authorized to EXECUTE BIDS:**

Printed name and title	Signature
Printed name and title	Signature
Printed name and title	Signature
Printed name and title	Signature

Name and address of registered agent in Oregon:

Date of authorization by Oregon Secretary of State to transact business in Oregon: \_\_\_\_\_

Sec. of State's phone: 503-986-2200 Web site: [www.filinginoregon.com/index.htm](http://www.filinginoregon.com/index.htm)

Has applicant filed with Oregon Department of Revenue (DOR) forms required by ORS 279.021?

☐ Yes ☐ NoDOR's phone: 503-378-4988 and web site: [www.dor.state.or.us](http://www.dor.state.or.us)

(Additional documentation may be required by the public contracting agency)

<b>4 If a limited liability company, limited liability partnership or a limited partnership indicate below:</b> <input type="checkbox"/> NA	
Check One: <input type="checkbox"/> Limited liability company <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Limited partnership	
Have you registered with the Oregon Secretary of State, Corporation Division, Business Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of organizer:
If the Contractor is a limited liability company, an authorized representative of <b>each</b> Entity comprising it shall sign the Contract, Performance Bond, and Payment Bond, and an authorization to sign shall be attached. If only one member is signing, then bylaws or minutes must include the authority to sign without the signature of others.	
Printed names, titles and signatures of personnel authorized to <b>EXECUTE CONTRACTS</b> :	
Printed name and title	Signature
Printed name and title	Signature

**Bylaws or Minutes Submitted: (Check one)**   ☐ Yes   ☐ No

Printed names, titles and signatures of personnel authorized to <b>EXECUTE BIDS</b> :	
Printed name and title	Signature
Printed name and title	Signature
Printed name and title	Signature
Printed name and title	Signature
Printed name and title	Signature

(Additional documentation may be required by the public contracting agency)

<b>5 If doing business as a sole proprietorship, fill out the following information:</b> <span style="float: right;"><input type="checkbox"/> NA</span>	
Name of individual liable for all obligations of the business: _____	
If applicant is a sole proprietor using an assumed business name, please list name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Registration date:	Expires:

**6** If doing business under an assumed business name, fill out the following information: (Required) ☐ NA

Assumed business name: \_\_\_\_\_

Owner's name and address: \_\_\_\_\_

Oregon Secretary of State Corporation Division's Registration Number:  
([www.filinginoregon.com/bizreg/index.htm](http://www.filinginoregon.com/bizreg/index.htm))

Renewal  
Date: \_\_\_\_\_

**7** **OWNERSHIP AND CONTROL** (Required)

- (a) Is there any organization, owned or controlled by the applicant, its officers, directors, partners and anyone owning at least 10 percent interest in the firm, or in which the applicant was or is an officer, director, partner, doing business in Oregon under another name?

☐ Yes

☐ No

If yes, please list in space below. If no, write N/A in space below.

- (b) Are there any individuals, companies or corporations owning 10 percent or more of applicant's firm?

☐ Yes

☐ No

If yes, please list in space below. If no, write N/A in space below.

- (c) Are there any other personnel in applicant's organization who have a financial interest in or serve as officers or partners in another firm prequalified to bid in this or another state?

☐ Yes

☐ No

If yes, please list below in space provided. If no, write NA in space below.

Individual's Name	Present Position or Office	Other Firm or Firms	Position in Other Firm(s)	State of Other Firm

**8** **DISADVANTAGED BUSINESS ENTERPRISE**

Is your firm currently certified by the State of Oregon as a Disadvantaged Business Enterprise (DBE)? (Required)

(Check one)

☐ Yes

☐ No



## 9 LICENSES AND REGISTRATIONS: (Required)

**Oregon Secretary of State Corporation  
Division - Active Business Registry No.**  
[www.filinginoregon.com/bizreg/index.htm](http://www.filinginoregon.com/bizreg/index.htm)  
Phone: (503) 986-2200

Required for Legal Business Name, Assumed Business Name (page 1B), Corps, LLCs, LLPs, and LPs. Required prior to contract execution.

**Oregon Construction Contractors Board No.**  
[www.ccb.state.or.us](http://www.ccb.state.or.us)  
Phone: (503) 378-4621

Required prior to bid opening for state-funded projects or prior to contract execution for federally-funded projects (not required for Aggregate Production or Landscaping work categories).

**Oregon Business Landscape Contractors  
License No. and company name:  
Individual Landscape Contractor License No.  
and name:**  
[www.lcb.state.or.us](http://www.lcb.state.or.us)  
Phone: (503) 986-6561

(Per Work Class LS)

**Oregon Electrical Contractor License No. and  
company name:  
Supervisor's License No. and Name :**  
[www.oregon bcd.org](http://www.oregon bcd.org)  
Building Codes Division phone: (503) 378-4133

(Per Work Class ELEC)

**Oregon Plumbing Business License No. and  
company name:  
Journeyman's License No. and Name:**

**Oregon Boiler/Pressure Vessel Business  
License No. and company name:**  
[www.oregon bcd.org](http://www.oregon bcd.org)  
Building Codes Division phone: (503) 378-4133

**Other License No.**

## 10 BONDING TOTAL: (Required)

Indicate the total amount of work, expressed in dollars, for which the applicant can be bonded at one time:

\$ \_\_\_\_\_

## 11 BID AND PERFORMANCE SURETY BONDS: (Required)

If the contract(s) for which this prequalification is sought require bid and performance bonds, the applicant shall state the name of the agent and name, address and telephone number of the surety company applicant **expects** to provide the bonds.

Agent's name:  
Agent's address:  
Agent's telephone #:

## 12 SUPPLEMENTAL QUESTIONS:(Required)

A) Have you ever been denied prequalification by any state, local or federal agency in this or any other state?  
(Check one) ☐ Yes ☐ No If yes, please attach an explanation.

B) Have you ever been debarred from bidding on contracts by any state, local or federal agency in this or any other state under any state or federal law?  
(Check one) ☐ Yes ☐ No If yes, please attach an explanation.

C) Has any officer or partner of the applicant ever applied for prequalification with the public contracting agency under a different name?  
(Check one) ☐ Yes ☐ No If yes, please attach an explanation.

D) Has the applicant ever failed to complete a state, local or federal public improvement (works) contract?  
(Check one) ☐ Yes ☐ No If yes, please attach an explanation.

E) Has any officer or partner of the applicant ever been found in breach of a local, state or federal contract?  
(Check one) ☐ Yes ☐ No If yes, please attach an explanation.

F) Within the last three years has the applicant, or any officer, partner, agent or employee of applicant been found to have violated any state or federal prevailing wage statute or regulation (including the federal Davis-Bacon and related Acts and ORS 279.352 et. seq.) in any Final Order of the Oregon Bureau of Labor and Industries or the United States Department of Labor, or by any court of competent jurisdiction?  
(Check one) ☐ Yes ☐ No

If yes, provide copies of the final order(s) or judgment in which this occurred and explain **in detail**:

- (a) the circumstances behind any violation, including the amount(s) not paid
- (b) whether the amount(s) have now been paid
- (c) the reasons for the violation
- (d) all efforts undertaken to ensure that future violations will not occur

# 13 CLASSES OF WORK<sub>(Required)</sub>

Fill in the classes of work on which you wish to bid. Classes of work include, but are not limited to, work listed in parentheses. If more space is required, attach additional sheets.

## For Each Class of Work:

- A. Enter the maximum dollar amount of work applicant is capable of performing with its own workforces.
- B. Enter the maximum dollar amount of work applicant is qualified to undertake in other states with its own workforces.
- C. Enter the state(s) where applicant is qualified for the amount shown in column B.
- D. Enter the number of years of experience in this class of work.

## **(Highways, Roads, Streets)**

Class	A. Max dollar Amount (Required)	B. Qualified Dollar Amount	C. State(s) Experience	D. Years Experience
<b>(AB)</b> Aggregate Bases	_____	_____	_____	_____
<b>(ACP)</b> Asphalt Concrete Paving and Oiling (Paving, Chip Sealing, Crack Sealing, Slurry Sealing, Fog Sealing)	_____	_____	_____	_____
<b>(REIN)</b> Bridges and Structures (Concrete, Steel, and Timber Bridges, Retaining Walls and Soundwalls; Seismic Retrofit; Box Culverts; Structural Plate Pipe, and Pipe Arches)	_____	_____	_____	_____
<b>(BLD1)</b> Buildings (Toilets, Bathhouses, Maintenance, Sand Sheds)	_____	_____	_____	_____
<b>(EART)</b> Earthwork and Drainage (Clearing, Earthwork, Blasting, Riprap, Culverts, Manholes, Inlets, Storm Sewers, Sanitary Systems)	_____	_____	_____	_____
<b>(ELEC)</b> Electrical (Traffic Signals, Illumination, Ramp Meters, Roadway Weather Information Systems (RWIS), Variable Message Signs (VMS), Traffic Cameras)	_____	_____	_____	_____
<b>(LS)</b> Landscaping (Roadside Seeding, Lawns, Shrubs, Trees, Irrigation Systems, Topsoil, Temporary and Permanent Erosion Control)	(Please enter elec. license number in Section 9) _____	_____	_____	_____
<b>(MHA)</b> Miscellaneous Highway Appurtenances (Guardrail, Barrier, Curbs, Walks, Fences, Protective Screening, Impact Attenuators, Cold Plane Pavement Removal, Rumble Strips)	(Please enter landscape license number in Sec. 9) _____	_____	_____	_____
<b>(PAI1)</b> Painting (Bridges and Buildings)	_____	_____	_____	_____

Class	A. Max dollar Amount (Required)	B. Qualified Dollar Amount	C. State(s) Experience	D. Years Experience
<b>(PAVE)</b> Pavement Markings (Permanent - Painted, Durable, Markers, Delineators)	_____	_____	_____	_____
<b>(PCP)</b> Portland Cement Concrete Paving	_____	_____	_____	_____
<b>(AC)</b> Rock Production (Aggregate Crushing, Sanding Rock)	_____	_____	_____	_____
<b>(SIGN)</b> Signing (Permanent)	_____	_____	_____	_____
<b>(TTC)</b> Temporary Traffic Control (All Temporary Traffic Control Items Including Flaggers and Pilot Cars)	_____	_____	_____	_____
<b>(OTH1)</b> Other, (List specific class)	_____	_____	_____	_____

# 14 EQUIPMENT, FACILITIES, AND PLANTS(Required)

**(A)** Equipment owned by the applicant: List only major items. Lump together small equipment and tools. Attachments are acceptable if all required information is included.

Quantity, Description and Capacity of Items	Age in Years	Condition of Equipment

**(B) Total market value of equipment:**      \$ \_\_\_\_\_  
(Required)

**(C) Does applicant intend to rent equipment?** ☐ Yes   ☐ No   If yes, provide a general description:  
(Required)

**\*(D) Production Facility or Plant owned by applicant.**  
**(hot mix surface treatment, portable, stone crushing, etc.)** ☐ Yes   ☐ No   If yes, complete below:  
\*(Required)

Description	Location	Capacity

**\* ODOT's acceptance of this prequalification does not imply ODOT's approval as material sources for ODOT projects**

# 15 EXPERIENCE<sub>(Required)</sub>

List major projects applicant has undertaken as a prime or sub in the last five years beginning with the most recent. **Attachments are acceptable if all required information is included.**

**1. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**2. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**3. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**4. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

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## 15 EXPERIENCE(Required)

List major projects applicant has undertaken as a prime or sub in the last five years beginning with the most recent. **Attachments are acceptable if all required information is included.**

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**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ **Prime** or ☐ **Sub** **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**2. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ **Prime** or ☐ **Sub** **Surety Company if Project Bonded** \_\_\_\_\_

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☐ **Prime** or ☐ **Sub** **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**4. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ **Prime** or ☐ **Sub** **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

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**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**2. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**3. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**4. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub **Surety Company if Project Bonded** \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.



## 15 EXPERIENCE(Required)

List major projects applicant has undertaken as a prime or sub in the last five years beginning with the most recent. **Attachments are acceptable if all required information is included.**

<b>1. Agency or Company Name</b> (Name, address and phone w/area code): _____		
<b>Name of Project and Location of Work:</b> _____		
<b>Class of Work*:</b> _____	<b>Contract Amount:</b> _____	<b>Date of Completion (if completed)</b> _____
<input type="checkbox"/> Prime    or <input type="checkbox"/> Sub <b>Surety Company if Project Bonded</b> _____		

\* SEE CLASSES OF WORK IN SECTION 13.

<b>2. Agency or Company Name</b> (Name, address and phone w/area code): _____		
<b>Name of Project and Location of Work:</b> _____		
<b>Class of Work*:</b> _____	<b>Contract Amount:</b> _____	<b>Date of Completion (if completed)</b> _____
<input type="checkbox"/> Prime    or <input type="checkbox"/> Sub <b>Surety Company if Project Bonded</b> _____		

\* SEE CLASSES OF WORK IN SECTION 13.

<b>3. Agency or Company Name</b> (Name, address and phone w/area code): _____		
<b>Name of Project and Location of Work:</b> _____		
<b>Class of Work*:</b> _____	<b>Contract Amount:</b> _____	<b>Date of Completion (if completed)</b> _____
<input type="checkbox"/> Prime    or <input type="checkbox"/> Sub <b>Surety Company if Project Bonded</b> _____		

\* SEE CLASSES OF WORK IN SECTION 13.

<b>4. Agency or Company Name</b> (Name, address and phone w/area code): _____		
<b>Name of Project and Location of Work:</b> _____		
<b>Class of Work*:</b> _____	<b>Contract Amount:</b> _____	<b>Date of Completion (if completed)</b> _____
<input type="checkbox"/> Prime    or <input type="checkbox"/> Sub <b>Surety Company if Project Bonded</b> _____		

\* SEE CLASSES OF WORK IN SECTION 13.

## 15 EXPERIENCE(Required)

List major projects applicant has undertaken as a prime or sub in the last five years beginning with the most recent. **Attachments are acceptable if all required information is included.**

**1. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub Surety Company if Project Bonded \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**2. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub Surety Company if Project Bonded \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**3. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub Surety Company if Project Bonded \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

**4. Agency or Company Name** (Name, address and phone w/area code): \_\_\_\_\_

**Name of Project and Location of Work:** \_\_\_\_\_

**Class of Work\*:** \_\_\_\_\_ **Contract Amount:** \_\_\_\_\_ **Date of Completion (if completed)** \_\_\_\_\_

☐ Prime or ☐ Sub Surety Company if Project Bonded \_\_\_\_\_

\* SEE CLASSES OF WORK IN SECTION 13.

## 16 EXPERIENCE(Required) - Continued

A. How many years has applicant been in business under present name? (Required)

As a prime contractor? \_\_\_\_\_ As a subcontractor? \_\_\_\_\_

B. How many years' experience in construction work has applicant had? (Required)

As a prime contractor? \_\_\_\_\_ As a subcontractor? \_\_\_\_\_

## 17 EXPERIENCE(Required) - Continued

What is the construction experience of all owners, officers, partners and principal individuals in applicant's organization? Also, list any other individuals or organizations that control or influence bidding in any way and to any extent.

(Attach additional sheets, if needed)

Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work

**18** Following space may be used for general remarks and explanations pertaining to the foregoing prequalification statements. Explain here any claimed experience of a business organization or entity other than the applicant, including that of any business entity which was a predecessor of applicant or which has been acquired by applicant.

19

**AFFIDAVIT**(Required)

STATE OF

)

County of

)

**ss.**

I,

being first sworn, state that I am

(Title of individual authorized to execute bids and contracts)

of the applicant herein and that the statements made in this application are true and I acknowledge that any false, deceptive or fraudulent statements on the application or at a hearing will result in the denial of prequalification, and may subject me to charges of false swearing or perjury; should there be any subsequent material reduction in applicant's ability to carry out any project for which applicant desires to submit a bid; applicant will give written notice of such change to the designated officer to whom this application is submitted at least ten days prior to the bid opening and that it is understood that such notice may change the eligibility of applicant to submit the bid.

\_\_\_\_\_  
(Original Signature of Individual Authorized to Execute Bids and Contracts)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

*Notary Seal  
or  
Stamp*

\_\_\_\_\_  
Original Notary Public Signature

My commission expires: \_\_\_\_\_